

Case Number:	CM14-0188711		
Date Assigned:	11/19/2014	Date of Injury:	10/18/2002
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a case of a 50 year old male with a date of injury of 10/18/2002. In a primary treating physician follow up visit note by [REDACTED] dated 10/13/2014, the patient reports no change in his increased right hip and knee pains. Back pain remains elevated, as does the radicular pain in his legs. The pain is described as burning. He continues to take Cymbalta, Gabapentin, Imitrex, Soma, Norco and MS Contin. He continues home chores, such as dishes, weed abatement, and watering the grapes. He is going to a local health club and exercising on elliptical machines. Medication management allows him to be able to perform home chores and other activities. He cannot perform heavy type activities. He was injured on the job on 10/18/2002 while using a jackhammer. He underwent epidural steroid injections without benefit. Lumbar MRI dated 10/9/2002 revealed facet arthropathy L3-4 and L4-5 and annular fissure L3-4. Cervical MRI scan dated 4/21/2003 revealed post operative changes from fusion at C3-4 and degenerative disc changes at C5-6 and C6-7. Subluxation of C4-5 was noted on Xray and attempt at provocative discography was unsuccessful. Surgery was performed on 8/5/2003 with discectomy, fusion and Atlantis Plating at C4-5. He subsequently noted improvement in right eye and neck pain. He had gradual worsening of his back and leg pain. MRI from 3/27/2004 revealed L3-4 and L4-5 degenerative disc change with annular fissure. His back and leg pain has been managed over the ensuing years with transforaminal epidural select nerve blocks, home exercise program and oral analgesics. Follow up MRI scans were performed in 2007 and revealed progression of degenerative disc changes. Transforaminals last performed Jan of 2012 at the L3-4 levels provided approximately 70% pain relief for 6 months. On physical exam, cervical end range of motion reveals stiffness/tenderness and trapezial and levator scapulae taut muscle bands and trigger points. Spurlings maneuver was positive centrally. On lumbar spine examination he has decreased lumbar lordosis and decreased pelvic rotation on forward flexion.

He also has increased end range of motion stiffness/tenderness. He has bilateral sciatic nerve tenderness, right greater than left. He has femoral nerve tenderness, right greater than left at Hunter's canal. He has tenderness of the femoral, peroneal, and tibial nerves with tenderness of the bilateral hip area muscles. Bilateral sciatic notch tenderness also noted. The patient has an antalgic gait due to pain. He also has decreased left and right lower extremity strength. The patient is diagnosed with chronic intractable pain syndrome, lumbar radiculopathy, degenerative disc disease of the lumbar spine, low back pain-chronic, post laminectomy syndrome cervical region and arthrodesis status; status post C3-4, C4-5 fusion. The plan was to continue all of his current medications and continue home exercise core strengthening, aerobic conditioning and flexibility program. He is also to continue with home heat and ice therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone/Acetaminophen 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-79.

Decision rationale: Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient has been on Norco for an extended period of time without significant overall improvement in the patients pain or function. Also, there was no clear documentation of how long the pain medication lasts for this patient, or the patients lowest and highest pain ratings after taking the medication. He recently had approved a smaller than requested refill of Norco to allow for weaning off of this medication. Therefore, based on MTUS guidelines and the evidence in this case, the request for Hydrocodone/Acetaminophen 10/325 mg #180 is not medically necessary.

MS Contin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-79 & 86.

Decision rationale: Based on MTUS guidelines, when considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. It is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the patient has been taking long acting MS Contin and Avinza (another morphine equivalent) for an extended period of time without overall improvement in function. His overall morphine equivalents per day far exceed what is recommended and his duration of treatment with these medications also far exceed what is recommended without good documentation of overall improvement in pain levels and function. Therefore, based on MTUS guidelines and the evidence in this case, the request for MS Contin 100mg #90 is not medically necessary.